Gambling treatment services

Beacon Counselling Trust

Date of assessment: 21 and 22 October 2025

Background to assessment

We carried out an assessment of support and treatment services delivered by Beacon Counselling Trust (BCT) on 21 and 22 October 2025. This formed part of work agreed between CQC and the Gambling Commission under Schedule 4, paragraph 9 of the Health and Social Care Act 2008, which allows CQC to provide advice and assistance to other public bodies. The Gambling Commission asked CQC to work alongside GambleAware to develop a programme to measure and ensure the availability of high-quality support services within the National Gambling Support Network (NGSN) for people experiencing gambling harm.

Gambling harms treatment services are not regulated under the Health and Social Care Act 2008. As a result, CQC does not have the legal authority to register these services, pursue enforcement, or provide an overall rating following assessments. However, CQC assesses services who are members of the NGSN to support quality improvement. Our assessments review if services are providing safe, effective, caring, responsive and well led care while meeting the needs of people seeking support for gambling-related harms. CQC will provide recommendations to support improvements where needed.

Beacon Counselling Trust is a North-West based charity established in 2009, which offers education, treatment, and support for those affected by gambling-related harm. The service offers free and confidential one-to-one sessions, with options for couples where needed, and extends support to family members and others impacted by gambling.

In addition to core treatment services, they deliver a range of specialist interventions around gambling harms, including:

- Youth Education Programmes: Working in partnership with other providers to deliver workshops for young people aged 10–19, as well as parents, carers, and professionals in youth settings. These sessions aim to raise awareness of gambling-related harms and promote prevention.
- Criminal Justice Initiatives: Collaborating with selected prisons to embed gambling harm awareness into assessment processes and provide targeted support within the criminal justice system.

- Armed Forces Programme: Supporting serving personnel and veterans includes specific content to support people and help raise the awareness.

- Community Outreach: Subcontracting specialist providers to tackle stigma and raise awareness of gambling harms within the South Asian community.

- Accredited Training: Offering the nationally recognised *Bet You Can Help* course, which uses a first-aid approach to equip people with practical skills to identify and respond to gambling-related harms.

- Workplace Charter: Provides practical, evidence-based strategies to help organisations reduce gambling-related harms. It supports employers and staff in promoting health and wellbeing, encouraging a commitment to safeguarding workers who may be affected by gambling issues.

- Families Support Programme: A free service led by individuals with lived experience of being affected by someone else's gambling. It offers a holistic, practical support package designed to help families and others impacted by gambling-related harm.

The NGSN supports people experiencing all levels of gambling harms, with interventions split across a tiered system. Tier 1 interventions provide information and advice; tier 2 treatment includes motivational interviewing and extended brief intervention sessions with clinicians; tier 3 includes structured treatment such as talking therapy. Tier 4 treatment typically includes residential care for complex cases. Beacon Counselling Trust provide free treatment for tiers 1-3.

How we carried out this assessment

Before the assessment, we sent an information request to the provider. We completed our assessment over 2 days. During our assessment, we reviewed information about service delivery including policies and procedures, governance documents and case records. We spoke with leaders, managers, operational staff and people who were using the service. A survey was also sent to people with lived experience to gather their feedback. We received feedback from other services working with Beacon Counselling Trust and the commissioners for the service, GambleAware.

Our view of the service and recommendations

Staff that we spoke with demonstrated a strong knowledge of both gambling-related harms and the individuals they supported and showed genuine commitment to making a positive impact. Overall, compliance with mandatory training was good and the service focused on developing staff. Therapists benefited from monthly clinical supervision and opportunities for reflective practice to enhance their work. Staff reported feeling well supported by both their managers and colleagues.

We found that the service had strong and effective referral and treatment pathways in place. Assessments were carried out promptly and reviewed on a regular basis. There was a clear emphasis on delivering person-centred support tailored to individual needs. Records we saw were detailed and clear. Data indicated that the support and treatment delivered was resulting in positive outcomes for people who used the services.

There were effective risk management processes in place to help ensure the safety of people who used the service and staff. Staff had received appropriate training in both safeguarding adults and

children and were supported by processes and named safeguarding leads, although some staff needed further support on how to act directly on safeguarding concerns.

There was a strong and effective management team with a clear focus on continually improving the service and ensuring it was accessible by all. There were established governance processes in place to monitor the quality of the service and effectiveness of support and treatment being delivered. Oversight of environment safety checks needed to be improved.

Partnership working was very strong. There were effective relationships with a wide range of organisations such as NHS services, other third sector organisations, local authorities helping to increase awareness and educate people about gambling harm and the services they offered.

People's experience of the service

People who used the service gave exceptional feedback about the support and treatment they received and their experiences of staff. One person told us that "Beacon trust is an exceptional service; I accessed the service after being affected by gambling harms. The councillor I was matched with X [name of therapist] was very professional and provided an excellent service from start to finish. The sessions were a safe, open and honest environment and I felt well looked after" and that they "feel that it has provided me with the tools I need to manage my own mental health in tackling issues arising through gambling harms of a loved one". Another person stated that "It's a safe place where you can speak freely and openly without any judgement or stigma" and another told us that "I am very thankful for their care and after support. It has changed my life". One person commented that "The organisation…are very welcoming and supportive. The whole experience from the initial assessment to completing allocated sessions was very timely and professional" and that they "…would 100% recommend this service to anyone experiencing gambling related harm". Another stated that the staff were "Specialists with compassion and understanding. Really thankful for this service and team were top class". A person who used the service stated that they were "at rock bottom and borderline suicide and since finishing (I've) had the most amazing transformation".

The provider received overwhelmingly positive feedback from stakeholders. One partner organisation stated that the provider had a "clear commitment to delivering person-centred, evidence-based support across primary care and community settings" and that they demonstrated "a high level of responsiveness to the needs of people suffering from gambling harm and those affected by it". A stakeholder commented that "Beacon Counselling Trust has demonstrated outstanding commitment and effectiveness in addressing gambling-related harm within our local community" they also stated that their proactive approach to training, service delivery as well as partnership working had "significantly contributed" to better outcomes for people in the region. We were also told that "Beacon Counselling Trust exemplifies best practice in tackling gambling-related harm". Another stakeholder stated that "They are market leaders across the National Gambling network through innovation and programme delivery".

Recommendations:

- Ensure there are effective arrangements to monitor the safety and upkeep of the premises.

Is the service safe?

Safe overall summary

We found that there was a positive culture of safety based on openness and honesty from the senior leaders through to front line staff. There were systems and processes for the management of safeguarding including an escalation process. However, some staff were unclear about their individual roles and responsibilities in relation to immediate safeguarding concerns; we found no evidence that this affected their ability to take appropriate action to keep people safe. Effective risk management processes were in place including appropriate oversight by management helping to keep people safe. Regular health and safety checks were completed, including regular fire safety checks and drills, but management of documentation around environment safety needed improvement. Staff had training scheduled or had completed mandatory training relevant to their role and received regular clinical supervision. Staff reported that they felt extremely well supported by managers and peers. There were safe recruitment practices in place.

Learning culture

We found that the provider helped to ensure an open culture where staff were encouraged to report incidents and concerns. Staff told us that the service focused on support through debrief following any incidents and learning was shared. Feedback was consistently requested and used constructively as an opportunity to address issues, learn from them, and make improvements to the service which helped to keep both staff and people who used the service safe.

The provider conducted a staff survey to gather feedback on key areas, including awareness of specific policies such as whistleblowing and confidence in reporting concerns. This was part of a proactive approach to ensure staff understood important procedures; there was evidence that the provider acted on the survey findings. For example, by sharing relevant policies to improve staff awareness.

Safe systems, pathways and transitions

We found that the safety of people who used the service and staff was a priority for the provider. This was through a collaborative approach with both people who used the service and partners in the NGSN. For example, having clear referral pathways in place with other partners in the NGSN and risk processes.

The provider used a secure electronic recording system to keep individuals' records confidential and secure. This also meant that all staff could access information, such as risk assessments and care plans quickly and efficiently.

Risk assessments were carried out to help identify potential risks and to develop plans aimed at managing risks effectively. An appropriate escalation process was in place to support staff in responding to concerns.

Where referrals were made to other services within the network, a process was in place to manage any associated risks. Staff maintained contact with the individual until the new provider had formally taken over, ensuring a smooth transition and continuity of support.

We found that the provider has systems and processes in place to ensure continuous improvement and responsiveness to emerging issues. For example, themes identified by the clinical supervisor were escalated to management meetings, where appropriate actions, such as additional training

would be implemented. Regular audits also played a key role in identifying risks and making changes to service development, such as improving the pathway for people who were neurodiverse.

Safeguarding

Staff had received relevant training in safeguarding adults and were supported by safeguarding leads within the organisation. Those we spoke with showed a clear understanding of the provider's escalation process and we found evidence that this has been followed with appropriate action taken by the provider to keep people safe. Staff we spoke with told how they managed any identified risks for people who used the service, by referral to other providers where needed and were knowledgeable about different types of abuse. However, some staff did not clearly explain how they would act when they identified abuse or the potential for abuse in line with best practice and policies and procedures. For example, when a safeguarding concern should be raised with the local authority through the service processes or the police contacted. We raised our concern with the provider while on site. Following the assessment, the provider undertook a review of the effectiveness of the safeguarding training and put in place refresher training. This covered the provider's risk and safeguarding procedures and ensured that everyone was aware of the appropriate action to take including where there was an immediate safeguarding risk.

Involving people to manage risks

Risks to and from individuals using the service were evaluated at the point of initial contact and continuously reassessed throughout their support and treatment. This ensured that risk assessments remained responsive to any new or ongoing concerns. Assessments were reviewed by a manager to support robust risk management and ensure relevant action had been taken.

After each session, people who used the service completed a physiological review, CORE 10, which helped to identify any current risks that the person may have. These were documented in records and followed up with appropriate action if required. Care plans were also developed with the person who was receiving the support and treatment to help ensure that they met their individual needs.

Where necessary, referrals were made to external services, including local charities that supported individuals at risk of suicide, as well as NHS services. A vulnerability register, which was regularly reviewed by management, helped ensure oversight of any people who needed additional support, such as those with mental health concerns. Staff highlighted that training around suicide and self-harm prevention supported them to manage and respond to related risks.

Safe environments

Regular health and safety checks were carried out at the building we visited, including regular fire safety inspections and staff drills. These measures helped ensure that equipment and facilities remained safe for both service delivery and staff working environments. However, we found that record management relating to the environment and facilities required better oversight and more effective processes. For example, paper files that we reviewed on site contained out of date health and safety policies and guidance and were difficult to follow. Some safety certification for the building was also not available to review but was provided after the inspection. Action was required to ensure the provider could demonstrate the safety of the environment through clear and auditable records. Following our assessment the provider told us that they had made improvements to the management of environmental checks, including oversight by their quality assurance and governance team.

Risk assessments were carried out on other buildings owned by key stakeholders to help ensure that they were safe for staff to visit.

Staff received training in key areas such as health and safety awareness, helping to ensure they were well-supported in their roles and able to respond appropriately to potential risks.

A business continuity plan was in place to support the service during unexpected disruptions, such as loss of power. This aimed to reduce interruptions to service delivery and maintain the safety of both staff and individuals accessing support.

Safe and effective staffing

The provider adhered to safe recruitment practices, which were supported by clear policies. The provider carried out thorough pre-employment checks and ensured all staff had enhanced DBS clearance which was supported by a clear policy.

At the time of the assessment there were no vacancies which helped to ensure consistency of service delivery.

All therapists were registered with an accredited professional body. They received monthly clinical supervision. Group reflective practice sessions were also in place and staff were positive about these. Staff we spoke with felt extremely well supported, noting that managers were approachable, consistently available, and offered guidance when required.

Mandatory training had either been scheduled or completed in line with the commissioner's expectation. This helped ensure they had the necessary knowledge and skills to provide safe, effective support and treatment and understand and respond to people's needs. Staff could also access additional training to further support them in their roles.

Staff told us that induction processes were effective when they joined the service. This included a focus on relevant training, clinical supervision, peer support and shadowing opportunities.

People who used the service spoke positively about staff's skills and knowledge of gambling harms. One person stated their therapist was "Very knowledgeable and understanding about issues regarding gambling".

Infection prevention and control

The provider had an infection prevention and control policy in place, helping to maintain a safe working environment. We found that the building that we visited was visibly clean and well maintained. Staff were in the process of completing mandatory training in this area as required by the commissioner.

Medicines optimisation

Although our assessment framework includes medicines optimisation, the provider was not responsible for managing medicines. Staff reported that if people who used the service raised concerns about medicines, then they would be signposted to their GP or relevant healthcare professional for further advice.

Is the service effective?

Effective overall summary

Interviews with staff, people's feedback and records we reviewed showed that support and treatment delivered was person centred. Regular assessments were undertaken by staff which helped to ensure interventions delivered were effective and met individual need. These were based on current evidence-based practice. There were effective systems in place to monitor the impact of the interventions on people. Data showed that the service was having a positive impact in addressing gambling harms.

Assessing needs

The provider had a clear referral and assessment pathway in place. People were fully involved in the assessment process and planning their support and goals which helped to maximise their involvement. People identified as suitable for tier 3 treatment received a full comprehensive assessment which focused in more detail on their gambling history and wider health and wellbeing. This information was used to inform a care plan and risk assessment. There were established processes in place for referrals into other services based on individual needs and risk, such as bereavement support or local food banks. The provider also had an information booklet which helped to identify where people could go to for support covering a wide range of services.

Data for 2024-2025 showed that following a referral into the service people were contacted within a day and that the average waiting time for assessment following this contact was 3.5 days which was lower than the commissioners' expected timescales. Data for this period also showed that, following assessment, interventions began within 0.1 days. This meant that support was delivered very quickly and helped maintain people's motivation to engage with the service.

People's needs were assessed and reviewed regularly to ensure they were reflective of the person's current needs. Feedback we received from people who used the service indicated that they felt that their needs had been fully assessed, understood and been supported to address these.

The needs of affected others, such as family members and partners, was also considered and if required, they could access on-going support.

Delivering evidence-based support and treatment

Assessments were carried out in line with current national guidance to help ensure standards were met and opportunities for positive outcomes were maximised.

Interventions were based on evidence-informed models of care and individual need and included cognitive behavioural therapy, motivational interviewing and EMDR (eye movement de-sensitisation and reprocessing). People who needed treatment received on average around 6 one-to-one sessions with a practitioner. Staff told us that the length of treatment was set to reflect best practice in addiction interventions. Where lower-level support needs were identified, people received shorter, focused support, for example gambling advice and guidance, self-help tools, or signposting to other support services. People could access the service again at any point in the future should they need this.

Treatment was delivered by qualified and accredited therapists. The provider supported therapists through ongoing professional development and provided regular clinical supervision to maintain high standards of practice in line with accreditation requirements.

People who used the service felt that the support and treatment they received equipped them in their recovery journey. One person told us that they received “Excellent treatment that went deeper than I expected in terms of empowering me and understanding my self-worth throughout the process”. Other feedback included “It also gave us the tools we needed to help make this [gambling free] permanent. I will always be incredibly grateful for this”, “My counsellor … was absolutely fantastic, she changed my understanding of my issues, allowed me to become more self aware and taught me invaluable techniques for dealing with my problems”. Once person told us that the support delivered by Beacon was “the reason I’m here today”.

Lived experience was evident throughout the service. Some staff had lived experience and used this to inform their support for people experiencing similar issues. The provider’s lived experience alliance used feedback from previous service users to inform and improve service delivery.

How staff, teams and services work together

We found that the staff team worked collaboratively, both internally and with external services and stakeholders, to deliver effective support for individuals accessing gambling harm support and treatment. Feedback from stakeholders echoed this. Examples included having regular contact with services where referrals into these services had been made to help manage any risk.

The provider used a secure electronic recording system coupled with a range of appropriate meetings, such as case reviews and clinical and treatment team meetings, which helped to support the effective operation of the service and ensured staff had access to information needed to appropriately assess, plan and deliver people’s support and treatment.

We received positive feedback from people who used the service about plans being in place once their support and treatment with the provider had ended. This included ensuring people had the tools and on-going support they needed based on individual need. One person stated that “I was made aware of other services available for more longer term/specific support and advised that I could always access BCT in the future should I need to”.

Supporting people to live healthier lives

The provider delivered a variety of mental health programmes that also supported individuals undergoing treatment for gambling-related harms. This included services such as specialist bereavement counselling. As part of its aftercare provision, the provider offered “Trek Therapy”—a group walking-based activity designed to provide outdoor therapeutic support, led by qualified outdoor professionals.

The provider supported people to access appropriate support whenever health concerns arose, or they needed further support to help them live a healthier life. This included sharing information with other services such as the person’s GP. The provider also considered broader social, economic, and environmental conditions that may have impacted a person’s life. This included areas such as housing, access to services, income, and employment. Individuals were supported to access a wide range of services aimed at improving overall wellbeing, including practical assistance such as connecting them with local food banks and Citizen’s Advice.

The provider recognised that individuals engaging with services such as criminal justice, health, and social care may also experience gambling-related harm. To address this, they collaborated with a range of organisations to deliver staff training, ensuring professionals understood the impact of gambling harm and could incorporate relevant questions into their screening and assessment processes. This approach helped enable timely referrals and broadens the reach of screening, helping more people access appropriate support.

Monitoring and improving outcomes

The provider used a range of recognised gambling harm and wellness scoring tools including the Problem Gambling Severity Index (PGSI) and CORE outcome measure (CORE-10) tool to monitor outcomes for people at different stages of their support and treatment. Evidence that we reviewed showed that the services delivered were making a positive impact on people who used the service, with scores indicating improved outcomes as treatment progressed. This reflected the positive feedback we received from people who reported improved outcomes based on the support and treatment they received.

The provider submitted data regularly to commissioners, reporting against a set of key performance indicators to help monitor progress and outcomes. We reviewed this evidence which was positive; 96.6% of people who had responded to the survey between April 2025-Sept 2025 reported the treatment they had received had brought about a positive change in their circumstances.

People who used the service were regularly invited to provide feedback, including at the end of their treatment as well as at 3, 6 and 12 months after support and treatment. This information helped to check in on the person to see if they needed further help and supported ongoing evaluation and improvement of the service.

Records that we reviewed during the assessment were detailed and clear. The provider had established a process for monitoring the quality of treatment records. This included a monthly review of case records of approximately 10% of assessments that have been completed and 10% of cases where people were receiving ongoing support and treatment. Where areas for improvement were identified, staff received individual feedback, themes and trends were shared at team meetings to aid learning, and additional training was delivered to support learning and continuous improvement.

Consent to support and treatment

Staff understood how to manage consent and capacity. They obtained consent during initial discussions, and the assessment would not continue until this was confirmed and recorded in their electronic records. Staff also sought consent before sharing treatment details with other professionals, such as GPs or mental health teams, and this was recorded appropriately. One person who used the service told us that the consent process was discussed with them and that staff explained to them about the threshold for when their GP may be contacted.

To support their roles, staff completed mandatory training on the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS, which provide protection for individuals who lack the capacity to make decisions about their care). This training ensured staff were equipped to uphold legal and ethical standards when managing consent and helped to safeguard people who used the service.

Is the service caring?

Caring overall summary

We found that staff were hard working and motivated to help improve the outcomes for the people they supported. People who used the service were very positive about the care they received from the service. Management cared about their staff and supported them in their roles. There were positive working arrangements with a significant focus on personal wellbeing.

Kindness, compassion and dignity

People receiving support and treatment from the provider told us they were treated with kindness and compassion. Staff we met during the assessment showed strong commitment to providing effective support and demonstrated a genuine drive to help people achieve positive outcomes. All respondents to our survey gave the highest possible rating for being treated with dignity and respect by staff. One person told us that they were treated with the “utmost respect”.

People who used the service felt that staff listened to them and communicated with them appropriately and in a way they could understand. One person who used the service stated “All of the staff have been incredible throughout. They have treated me with respect and understanding. The counsellor I saw allowed me to feel safe, heard and well supported”. Another told us that staff were “so understanding, sympathetic, no judgement, gave you the confidence to deal with issues. All staff have been lovely right from the minute walk into reception”. Feedback from stakeholders was very positive about the kindness and compassion of staff. One told us that “practitioners create a safe and supportive environment for clients, which is verbalised by many of the patients who are referred into our service”. Another commented that “clients are treated with respect and empathy”.

Treating people as individuals

The provider implemented a person-centred approach, ensuring that services were tailored to meet everyone’s unique needs and preferences. Staff we spoke with demonstrated a clear commitment to supporting people in a way that respected their individuality and adopted a non-judgmental attitude. People who used the service confirmed that their personal needs were acknowledged and promoted. One stakeholder stated that the providers staff “consistently demonstrate(d) empathy and understanding of the needs of their clients”.

Recognising the importance of cultural understanding, the provider identified that certain areas of work required staff with knowledge of specific communities to enhance engagement and effectiveness. To achieve this, the provider subcontracted part of its service delivery, enabling education and support to be provided by individuals with direct experience and connections within these communities.

The provider’s diversity and equality policy outlined clear expectations for staff when working with people from all backgrounds. This framework ensured that inclusivity and respect were embedded throughout the organisation’s practices.

The provider delivered additional training to all staff to deepen their understanding of why individuals may respond in certain ways, ensuring people’s needs were met and encouraging ongoing review and adaptation of their practice. This included the introduction of “creative baskets” which contained drawing materials and fidget tools in treatment rooms to support different learning styles. Some staff reported that they were supported effectively in meeting their own individual communication needs.

The provider offered written information in a brochure and on their website, clearly explaining the service and the interventions available. The content was well-structured and easy to understand. Their website offered dedicated “Easy Read” materials, which used simplified words and clear visuals to make the information accessible for people with different communication needs. The provider was able to access interpreters for people who spoke other languages and could also translate materials if needed.

Independence, choice and control

Individuals using the service chose to engage with the support and treatment offered by the provider. Support could be accessed by self-referral on the provider’s website or by telephone, via the national gambling helpline, or referral from network and community partners. People could choose to end their sessions at any time if the support did not meet their needs, while also retaining the option to return for additional support if needed.

People who used the service were given the option of how the support was delivered, for example, through face to face or online sessions to allow these to best fit their personal circumstances. Affected others, such as family members could also receive support and treatment. People could also express a preference to have support from a male or female therapist.

The provider carried out an initial assessment of need, as well as assessing the severity of their gambling related harm (as identified using the Problem Gambling Severity Index score) after each session; if they identified the person’s needs could not be met by the service, then they would refer people to other appropriate services.

Responding to people’s immediate needs

The provider quickly assessed people’s immediate needs during their initial contact with the service and could signpost or refer people to other services that could support them, for example physical or mental health professionals or other addiction services when people had comorbidities.

Whilst accessing interventions, staff monitored people’s psychological distress using the CORE-10 psychological assessment tool at the end of each session to ensure responsive action was taken such as escalation to support to meet individual needs if required. This included referrals to other services within the network or to external services where additional needs could be met.

Workforce wellbeing and enablement

Staff described managers and leaders as approachable and supportive and having an open-door policy. We heard that communication across the organisation was good, and staff expressed confidence that their views were listened to and taken seriously. They also highlighted the value of peer support, and some described the organisation as feeling like a family. One staff member told us that “I actually feel cared about as an individual” and that leaders “do actually value feedback and have the survey as well. They do listen”.

The provider had positive working arrangements with a significant focus on personal wellbeing for staff. Staff described an open and supportive culture, where both managers and peers played an active role in creating a positive working environment.

Staff told us they received regular supervision and attended regular all-staff meetings to support them in their roles. The provider was responsive to providing or supporting additional training and support when additional needs were identified.

Several staff members we spoke with had started with Beacon Counselling Trust in more junior positions and been supported to develop their skills, which enabled them to progress into more senior roles within the organisation.

The provider had a dedicated staff forum, the Staff Wellbeing and Appreciation Group (SWAG) which was a dedicated monthly forum attended by representatives from all teams. This allowed staff to give feedback, have discussions, raise concerns and suggest ways to improve the service or staff experience. Two anonymised staff surveys were also in place to gather feedback. We saw evidence of action taken based on the results of these surveys. The provider also organised quarterly events to allow staff to socialise outside of work if they chose.

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Is the service responsive?

Responsive overall summary

There was a range of effective programmes in place which targeted and supported different communities and groups. Systems enabled people to share feedback or raise complaints about their support and treatment. It was evident from speaking with staff, feedback and records we reviewed that people were always at the centre of all support and treatment delivered. We found that access to assessment and support was prompt. There was evidence the provider had taken action as a result of obtaining feedback about the service, such as additional training and ensuring better access to written information for all.

Person-centred support

We found that the support and treatment delivered was person centred and focused on meeting each person's needs and preferences. People receiving treatment had an individualised care plan in place. This was co-produced to ensure it reflected the person's needs and their goals. Care plans were reviewed regularly to reflect current need.

Staff we spoke with during the assessment described a person-centred approach being used and feedback from people who used the service supported this. One person who used the service told us that their therapist was "Totally understanding and her approach really suited my personality and needs". People who used the services confirmed that support and treatment met their individual needs. Other comments included "I was fully listened to, responded to as an individual and given such important guidance and tools to help me navigate a complex situation", and "The counsellor that I saw was extremely empathetic, patient and professional.....and it was obvious that she was very passionate about her job".

Stakeholders reported that the service provided was person centred and responsive to individual need. One stakeholder stated that "They understand the needs of their service users and are willing and able to adapt to meet the needs of the service user and their families by offering wide and varied interventions, empathy and compassion to support their service users".

Treatment provision, integration, and continuity

We found the provider collaborated effectively with other stakeholders in the network which helped to ensure continuity for people who used the service. Working together ensured people were referred to the right support service and moved seamlessly between services. This included meeting regularly with other stakeholders to review referral pathways and develop new ways of working.

The assessment process ensured that the support and treatment offered met individual needs. Beacon had developed specialist programmes to ensure that all needs were met. For example, around educating children and young people and working with those in prison to help ensure they were responsive to all needs.

People who were accessing treatment worked with the same practitioner to help ensure continuity and build professional relationships. They also monitored changing needs at each session and made referrals to other services if needed.

Providing information

The provider had information available about the service and information on general health and wellbeing in both paper form and on their website. People could also access information at any time

on the provider's website. Many people who used the service commented on the provider's active social medial presence and the positive impact that this had for them. One person told us that they had found a particular post on what to do in an emergency very helpful.

People who used the service received detailed information about the support and treatment offered. This included practical advice and information tailored to people such as affected others and family members. A booklet had been developed which detailed a wide range of local and national services and how people could access support from these, and information about how to improve their physical wellbeing. Useful links were also provided such as tools to help people self-exclude from gambling providers. The provider had an extensive selection of material available in pamphlet form and online about their gambling treatment services and other linked services for people and stakeholders.

The provider could access interpretation services for people who spoke other languages and could also translate materials if needed. Information about support services for the South Asian community were also available in relevant languages on the provider's website as part of their Diverse Communities programme.

Listening to and involving people

The provider consistently gathered feedback from individuals using the service at various stages for their support and treatment. This feedback was used to inform and support ongoing service development and was regularly reviewed during internal meetings.

A clear complaints policy and procedure was in place. Most respondents to our survey indicated they were aware of how to raise concerns. The provider also recorded all informal complaints and evidence we reviewed showed that action had been taken to resolve these, such as change in practitioner for a person re-entering the service to help best meet the person's needs.

Equity in access

We found that people could access timely, free support. Referral and treatment pathways were clear and it was easy for people to access the service and in a way that suited their needs. This included being offered interventions face to face or remotely, for example through Microsoft Teams, and at a time convenient for them.

The provider ensured that adjustments and adaptations were made to help facilitate access for all. For example, ensuring their building was accessible for people who used a wheelchair and ensuring that information was accessible to support specific communication needs. They had used feedback and other evidence to continue to develop and improve access for all people.

People were encouraged to re-engage if they needed further support without any fear of judgement from the provider.

Equity in experiences and outcomes

Staff could access a policy setting out expectations around equality and diversity within the organisation and received regular training around this. Feedback we received during this assessment was entirely positive about staff attitudes and no concerns were raised about experiences of discrimination.

Planning for the future

The provider had effective discharge processes in place which focused on ensuring people had all the skills and tools to continue with reducing and managing gambling related harms. People who used the service could access a range of aftercare to help support them in their journey. This

included group sessions led by peers with lived experience of gambling harms, and the “Trek Therapy” programme of walking activities to support wellbeing. We saw safe discharge processes in place for people ending treatment, including signposting or referring people to a wide range of services that could support their ongoing journey. One person stated that “I have been signposted well to ensure that I can continue with my recovery”.

The provider contacted people at 3, 6 and 12 months after completing their treatment to enable them to discuss their progress and support them if new or additional needs had arisen. People could re-enter the service at any point to access further support and treatment helping to support them in their recovery.

People who used the service told us that they felt listened to and supported and that they were supported in their recovery journeys. One person told us that “I feel like the door was left wide open for me to come back if I ever need further help and support”.

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Is the service well-led?

Well-led overall summary

There were established governance processes in place and oversight of performance and service delivery. Regular audits played a pivotal role in strengthening service delivery, with clear evidence that the insights gained were actively used to inform and implement changes to practice. There was a strong shared vision across the provider with a focus on education and early intervention helping to increase awareness of gambling related harms and supporting both people who were experiencing these and affected others. There was a confident, experienced and knowledgeable management team who lead the service well. Staff reported that they were both listened to and supported by managers. The provider worked well with partners to understand the needs and challenges of different communities and used this insight to ensure that services met individual needs supporting them to improve outcomes for people.

Shared direction and culture

We found that the board and senior leadership ensured that there was a clear strategy and vision to support people and reduce gambling related harms with a focus on education and early intervention. Staff understood the vision and how their role supported this. Staff described the organisational culture as supportive with a strong emphasis on continuous improvement and learning. Managers encouraged open and honest communication, creating an environment where staff felt heard, respected, and supported.

Board members demonstrated active engagement in the organisation's operations, taking a hands-on approach that reflected their commitment to strategic oversight. Staff reported that board members and leaders were engaged, approachable and supportive. Many staff members expressed genuine satisfaction in working for the organisation, with several highlighting their long tenure as a reflection of positive workplace experiences.

Staff that we spoke with had a good understanding of the vision of the service and a strong knowledge of gambling related harms and the wider impact of these. They were focused on delivering safe, effective and high-quality care which focused on meeting individual need.

Capable, compassionate and inclusive leaders

Leaders and managers demonstrated the experience, capability, and integrity needed to translate the organisation's vision into practice, while ensuring that risks were effectively managed. Their leadership was proactive and supported a clear direction for the service with a focus on continuous improvement to ensure needs of people who used the service were met. One stakeholder stated that leaders and managers were "professional and approachable and want the best outcome for the clients that they support".

Staff told us that managers were supportive, approachable, and available when needed. Team meetings were held regularly, supporting people to learn from each other. Staff said they felt listened to by managers which helped create a positive and open workplace.

Freedom to speak up

Staff had access to relevant policies and guidance, along with a clear and accessible process for raising concerns, including through whistleblowing channels. Those we spoke with described a culture of openness and said they felt supported and empowered to speak up about any issues or

worries. The provider carried out an annual staff wellbeing survey which checked staff's understanding of raising concerns and encouraged them to share any concerns to support improving communication.

Workforce equality, diversity and inclusion

Staff had completed training in equality and diversity, which enhanced their understanding and respect for the diverse backgrounds and needs of both the people they supported and their colleagues. This helped to foster a more inclusive and respectful working environment. There was also a diversity and equality policy and procedure in place which set out the expectations for staff and set out that the provider had a zero-tolerance approach to unlawful discrimination. We heard from staff and people who used the service that it was an inclusive and non-discriminatory environment.

Governance, management and sustainability

Governance processes were in place which gave oversight of performance and service delivery. The provider had a proactive approach to monitoring the quality of the service and ensuring continuous improvement. We found that there was an appropriate range of auditing in place and collation of feedback from staff and people who used the service. Clear action had been taken following these to monitor and improve the service for example improving communication with staff.

We found that there were clear and effective governance and management accountability arrangements. Staff understood their role and responsibilities and were kept up to date with new frameworks and guidance and ensured their practice followed this.

There were robust arrangements to maintain the confidentiality of records and data management systems. The provider effectively used information that it had collated to monitor and improve the quality of support and treatment. For example, information from the staff survey and feedback from audits.

We found that effective systems were in place to identify, document, and monitor risks. Risk registers were actively used to monitor both operational risks but also vulnerability-related risks, such as mental health concerns, that could impact service delivery and people who used the service. Regular case reviews were conducted, and any concerns arising were discussed with staff to ensure risks were continuously monitored and addressed as needed.

NGSN services are funded by GambleAware, which receives voluntary donations from gambling operators in line with Gambling Commission requirements. We found no evidence that the provider was influenced by the gambling industry, and staff we spoke with demonstrated professional integrity and ethics. This meant that the support and treatment offered was independent, unbiased, and based on evidence-informed approaches.

Partnerships and communities

We found that the provider placed a strong emphasis on partnership working, collaborating effectively with stakeholders at both local and national levels. They had worked with a wide range of organisations to help increase awareness of gambling related harms and promote referrals into the service. One stakeholder stated that the provider was "flexible in working with partners in identifying barriers to treatment and have supported our work to help reduce stigma", and another stated that "Beacon are an outstanding service, well led, passionate and committed staff working towards improving outcomes for all of those individuals affected by gambling harms".

The provider had designed and delivered an accredited course, “Bet You Can Help”, to a wide audience, including local authorities and health professionals, which adopted a public health approach and focused on education and early intervention. Stakeholders who responded to our survey held this course in high regard. Through the delivery of this course, the provider had increased awareness of gambling related harm across many communities and professional settings, including organisations already supporting many vulnerable people. They worked to raise awareness of gambling-related harm and encouraged these organisations, such as housing providers and services, to integrate gambling harm into their screening processes. Where concerns were identified, the provider supported appropriate referrals into their service. The provider had also adapted this course to be able to support children and young people as well. They delivered a programme called “Sometimes it’s More Than a Game” to people aged between 10-21 as well as their family members and professionals working with children and young people.

Stakeholder feedback highlighted the provider’s strong contribution to the wider network, supporting the delivery of well-coordinated and person-centred services. They had also worked with providers in the network to help develop a process around grading of risk of need to help ensure that needs were being correctly identified and met and a stakeholder told us they used their “extensive experience” to support this process. Another told us that the provider “actively encourage partnership working…they are willing to share resources, innovate and provide support to partners to achieve positive outcomes for partner services service users”. We also heard that “Beacon again are exemplary in engaging with partnership working and also excellent at leading various partnerships and I can testify how professional and engaging they are to work alongside”.

Learning, improvement and innovation

The provider actively invested in the development and evolution of its services, ensuring that individuals across different groups and local communities could access tailored support for gambling-related harm and broader wellbeing needs. For example, they delivered an armed forces veterans gambling related harm programme and worked in a number of prisons, which included establishing peer support groups. They offered training, resources, and guidance to promote a deeper understanding of gambling harms and the support available through referrals into the service.

The provider actively sought feedback after delivering the “Bet You Can Help” training sessions and used this to adapt and improve the training to meet the needs of people using it. To support this process, they had developed a QR code to use for people to give quick feedback more easily.

The provider demonstrated a proactive approach to service development by identifying new themes and trends and ensuring their processes supported best practice and that staff had sufficient knowledge to help ensure individual needs were met. We saw examples of where additional training had been carried out and where interventions and processes had been changed to ensure they best supported people who used the service, for example supporting people who were neurodiverse.

The provider’s lived experience alliance met every 2 months for a facilitated group with input from several people who had previously used the service. This group reviewed service delivery and looked at ways to improve and enhance the service. For example, the group had provided feedback on the prevalence of unregulated betting, which the provider had used to inform work at a regional conference focusing on the issue. Provider staff were also involved in the commissioner’s Lived Experience Council, which provided independent expert advice on their activities, programmes and strategic development.

Staff were well supported and could access additional training where appropriate and were supported by the provider to develop their skill, for example support around studying for advanced professional qualifications alongside their work role.